Name in Full: Albert Leonard Adams

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Shady Side County: A. A.

Date of death: Month 7 Day 18 1904

Age: Years — Months 5 Days —

Sex: Male Color or Race: Colored Birthplace: Maryland

Occupation: Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: James A. Adams Father's Birthplace: Maryland

Mother's Maiden Name: Ada V. Richmond Mother's Birthplace: Maryland

Name of person giving Imformation: James A. Adams How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 12 days

Immediate: Exhaustion How long: 12 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. C. B. Boyd

Address: Shady Side Md's

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Calyndus, G. Adison.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gambrills; County: Anne Arundel

Date of death: 1904; Month: 7; Day: 30; Age: Years —; Months: 5; Days: 11

Sex: Male; Color or Race: Afrikan; Birthplace: Gambrills

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Frank Adison; Father's Birthplace: Westerfield

Mother's Maiden Name: Leiggie Butler; Mother's Birthplace: Millersville

Name of person giving In formation: Frank Adison; How related to deceased: Father

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: 5 Months

Immediate: Dy & Exanition; How long: Dy

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W Dubois

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A883

Name in Full — Anderson Infant

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: July — Day: 12th — Age — Years — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: John R. Anderson — Father's Birthplace: A.A.Co.

Mother's Maiden Name: Laura Ann Queen — Mother's Birthplace: A.A.Co.

Name of person giving information: Father — How related to deceased: S

TO BE ANSWERED BY NEAREST FRIEND

Sure record made at the time of the death

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still-born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: John Richardson MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Nellie Andson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A A C

Date of death: Month: July — Day: 14 — 1904

Age — Years: 32 — Months — Days

Sex: Feminal — Color or Race: Color — Birthplace: Annapolis

Occupation: Rose Worker — Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Married — Name of Wife or Husband: John Andson

Father's Name: Samuel Becker — Father's Birthplace: —

Mother's Maiden Name: Becker Wands — Mother's Birthplace:

Name of person giving information: Joh Andson 120 — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: Six months

Immediate: Uremia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout, M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A6581G

Name in Full: James Ashby

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Annapolis Jail — (County): A. A. Co

Date of death — Month: July — Day: 21 — Years: 60 — Months: — — Days: —

Sex: male — Color or Race: Colored — Birthplace: St. Marys Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: —

Mother's Maiden Name: —

Name of person giving Information: Sheriff of a. a. Co.

Father's Birthplace

Mother's Birthplace

How related to deceased

169

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sun-stroke — How long: 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H R. Watkins

Address: 10 Francis St Annapolis, Md.

Accident or Suicide?

LIBRARY BUREAU A99818

Name in Full: Annie A. Baitgate

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brandy — County: Ca

Date of death 190 4 — Month: 7 — Day: 27 — Age — Years: — Months: 5 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Clarence W Baitgate — Father's Birthplace: Md

Mother's Maiden Name: Mary A. Dragoo — Mother's Birthplace: Md

Name of person giving Imformation: C W Baitgate — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Marasmus — How long: 8 mo

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas N. O Brooke

Address: Brandy

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Isabella Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: July 17 1904 — Age: 47 Years

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation: Cook — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Wm Cook — Father's Birthplace: Annapolis

Mother's Maiden Name: Rebecca Cook — Mother's Birthplace: Annapolis

Name of person giving In formation: Daughter — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of the Liver — How long: Six Months

Immediate: General Dropsy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Rosina Del Batzon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A & A C

Date of death 1904: Month: July; Day: 10

Age: Years: + 1; Months: 4; Days:

Sex: Female; Color or Race: White; Birthplace: [illegible]

Occupation:

Where Residing if not at place of death: 20 Roland St

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: P Del Batzo; Father's Birthplace: Italy

Mother's Maiden Name: L. Cioffi; Mother's Birthplace:

Name of person giving Information: Father; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 3 days

Immediate: Gastro Enteritis; How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J J Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Susan Bias

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mulnrell — County: Anne Arundel

Date of death: Month: July — Day: 16 — 1904

Age: Years: 47 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: A. A. Co. Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: John Bias

Father's Name: Daniel Shortis — Father's Birthplace: Md.

Mother's Maiden Name: Sarah Diggs — Mother's Birthplace: Md.

Name of person giving information: James Mackall — How related to deceased: Friend

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: Very Sudden

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Parrei

Address: Mc Kendree, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Still-born child of Nannie Belt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 1904 — Month: July — Day: 22nd

Age — Years | Months | Days

Sex: Male

Color or Race: Colored

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name: Nannie Belt

Mother's Birthplace: Annapolis

Name of person giving Information: Mother

How related to deceased: S

CAUSES OF DEATH

Primary: Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout, Dr

Address: Annapolis Md

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88D16

Name in Full: Martha Ann Pearce Bollman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Thursday (County) Annapolis A A Co

Date of death 1904 (Month) July (Day) 21

Age (Years) 23 (Months) August (Days) 7

Sex: Female

Color or Race: White

Birthplace: A A Co

Occupation: House Wife

Where Residing if not at place of death: Conduit St

Married, Single or Widowed: Married

Name of Wife or Husband: J. E. Bollman

Father's Name: R. J. Sherbert

Father's Birthplace: A. A. Co

Mother's Maiden Name: Elizabeth C. Sheckels

Mother's Birthplace: A. A. Co

Name of person giving information:

How related to deceased: Parents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 4 Months

Immediate: Exhaustion — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Susan Agusta Brooks.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis Md. — County: Anne Arundal

Date of death 1904 — Month: July — Day: 17. — Age — Years: 69. — Months: 1 — Days: 1

Sex: Female. — Color or Race: White. — Birthplace: Annapolis

Occupation: Housewife. — Where Residing if not at place of death: Annapolis.

Married, Single or Widowed: Widow. — Name of Wife or Husband: Thomas H. Brooks.

Father's Name: William Brewer. — Father's Birthplace: U. S. Co.

Mother's Maiden Name: Sue — Mother's Birthplace: " " "

Name of person giving In formation: Mrs John Tier. — How related to deceased: Grand Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Apoplexy — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signatura of Physician: Geo Wells

Address: annapolis md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A.A.

Date of death 1 90: Month: July — Day: 23rd

Age: Years: 3 — Months: — Days: —

Sex: Male — Color or Race: brown — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: 120 Calvert St.

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Moses Brown — Father's Birthplace: A.A.Co.

Mother's Maiden Name: Emily Randall — Mother's Birthplace: A.A.Co.

Name of person giving Information: Eliza Randall — How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Trismus Nascentium — How long: three days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Wm Enock Bunnies

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harwood — County: a a

Date of death 190 7 — Month: July — Day: 21 — Age: Years: 1 — Months: 5 — Days: 6

Sex: Male — Color or Race: color — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Bunnies — Father's Birthplace:

Mother's Maiden Name: Francis Bunnies — Mother's Birthplace: Md

Name of person giving Information: Wm H Talbert Sub Reg — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown — How long:

Immediate: Unknown — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Harris Talbert

Address: Sub Registrar West Arnold a a Co Md

Accident or Suicide? Neither

LIBRARY BUREAU A68816

Name in Full: Harry T. Burke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 22.; 1904

Age: Years: —; Months: —; Days: 14

Sex: Male

Color or Race: White

Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single, or Widowed: —

Name of Wife or Husband: —

Father's Name: George W. Burke

Father's Birthplace: Md.

Mother's Maiden Name: Margaret White

Mother's Birthplace: Annapolis

Name of person giving information: Susan White

How related to deceased: Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Since birth

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo Wells M D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Sophia Chanesky

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn; County: a a

Date of death: 1904 Month: 7 Day: 31

Age: Years: 1 Months: 5 Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Infant

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name or Wife or Husband:

Father's Name: Adam Chanesky

Father's Birthplace: Russia

Mother's Maiden Name: Lena

Mother's Birthplace: Russia

Name of person giving Information: Sorthen Adam Chanesky

How related to deceased: Sorthen

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cute Nephritis 119

How long: 2 weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. B. Robinson

Address: Brooklyn Md

Accident or Suicide? No

LIBRARY BUREAU A88316

Name in Full: Thilman Chisley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodwardville; County: Anne Arundel

Date of death: Month: 7; Day: 27; Year: 1904

Age: Years: —; Months: 5; Days:

Sex: Male; Color or Race: Black; Birthplace: Millersville

Occupation:

Where Residing If not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Wm Chisley

Father's Birthplace: Patuxent

Mother's Maiden Name: Lizie Shorter

Mother's Birthplace: P.G. County

Name of person giving Information: Wm Chisley

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

Immediate: Exaustion

How long: 5 / from birth

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O W Dr Bois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hallam Claude

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Annapolis (County) Anne Arundel

Date of death 1904 (Month) July (Day) 14 Age (Years) 8 (Months) 8 (Days) 12

Sex Male Color or Race White Birthplace Annapolis

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name W. Clement Claude Father's Birthplace Annapolis

Mother's Maiden Name Fanny Peyton Wilkinson Mother's Birthplace Virginia

Name of person giving Information Father How related to deceased —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Punctured Wound foot How long 18 days

Immediate Tetanus How long 7 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. Clement Claude M.D.

Address 9 St. John St. Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A60010

Name in Full: Margaret Colbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) West St. Extd. (County) A. A.

Date of death: Month July, Day 22, 1904

Age: Years 65, Months —, Days —

Sex: Female

Color or Race: Colored

Birthplace: A. A. Co.

Occupation: Housework

Where Residing if not at place of death: West St. Extd

Married, Single or Widowed: Married

Name of Wife or Husband: Marcellus Colbert

Father's Name: Thomas Boston

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Darcie Jennings

Mother's Birthplace: A. A. Co.

Name of person giving information: Marcellus Colbert

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 2 months.

Immediate: Heart failure

How long: 12 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Johnson

Address: 60 Ethel St.

Accident or Suicide? —

LIBRARY BUREAU A83316

Name in Full: Geo W. Cook. (Cole)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Eastport — County: A.A. Co

Date of death: Month: July — Day: 21 — 1904

Age: Years: 66 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Binghamton N.Y.

Occupation: Rail-Road Engineer

Where Residing if not at place of death: Eastport

Married, Single or Widowed: Married

Name of Wife or Husband: Mrs M.W. Cole.

Father's Name: George W. Cole

Father's Birthplace: Binghamton N.Y.

Mother's Maiden Name: Martha W. Hairlett.

Mother's Birthplace: Howard Co.

Name of person giving information: James A. Cole

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypostatic pneumonia

How long: 10 ds

Immediate: Apoplexy

How long: 6 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J J Murphy

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Jas. A. Coulbourn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brookly — County: a n

Date of death: 1904 — Month: 7 — Day: 15

Age — Years: 1 — Months: 0 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jos. Coulbourn — Father's Birthplace: Md

Mother's Maiden Name: Kate. Lang — Mother's Birthplace: Md

Name of person giving Information: Jos. Coulbourn — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 wk

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas A. B Brooke

Address: Brookly

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Joseph Cushman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn — County: A. A.

Date of death: Month: July — Day: 11 — 1904

Age: Years: — Months: 6 — Days: —

Sex: Male — Color or Race: White — Birthplace: East Brooklyn

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Michael Cushman — Father's Birthplace: Austria

Mother's Maiden Name: Antonena Cussian — Mother's Birthplace: Germany

Name of person giving Imformation: Michael Cushman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 Weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. B. Horton M.D.

Address: Curtis Bay, Md. (Do. Balto)

Accident or Suicide? No

105

LIBRARY BUREAU A88816

Name in Full: Grace Drale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Drale; County: H. C.

Date of death: Month: July; Day: 27; Year: 1904; Age: Years: 6; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Drale, Md

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Robert Drale; Father's Birthplace: Md

Mother's Maiden Name: Julia Hudson; Mother's Birthplace: Balto Md

Name of person giving Imformation: Jas E Drale; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis; How long: 7 days

Immediate: Peritonitis; How long: 2 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo T. Smith

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Samuel Tolsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town — County: A A

Date of death: 1904 — Month: July — Day: 10th

Age — Years: — Months: 11 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Tolsey — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Owens — Mother's Birthplace: Md

Name of person giving Information: Father — How related to deceased: 105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: Four days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Riddett M D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Eden B. Drury

CERTIFICATE OF DEATH

MARYLAND

Died at: Drury (Town) — Anne Arundel (County)

Date of death 1907 (Month) July (Day) 14 — Age (Years) 37 (Months) (Days)

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James F. Drury — Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth Mayhew — Mother's Birthplace: Md.

Name of person giving information: James F. Drury — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Several years

Immediate: Pulmonary Haemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Margeret Edwards

Town: Maynardia County: Anne Arundel MARYLAND

Died at Maynardia Anne Arundel MARYLAND

Date 1904 Month: July Day: 1 | Age Y. 68 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow Widower Divorced

Number of children living. None

Husband ~~Wife~~ of Garrison Edwards

Father's Name Harry Shouf

Mother's Maiden Name Dont Know

Cause of Death: Primary, Grip

Immediate Phthisis Pulmonalis

How long sick 2 years

Accident, Suicide, Homicide

Reported by James Hall

Address Maynarda A. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Roland Edwards — Certificate of Death

Died at Town Williams County Anne Arundel MARYLAND

Date 1904 Month July Day 9 | Age Y. 5 M. 20 D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Edwards | Mother's Maiden Name Ellen Marshall

Cause of Death: Primary Lues, Colitis | How long sick ~~Four weeks~~

Immediate | ~~Accident, Suicide,~~ Homicide

Reported by C. N. Henderson

Address Elkridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Lizzie Fleagle

CERTIFICATE OF DEATH

MARYLAND

Died at: Co. Balto — County: Md. A.

Date of death: Month: July — Day: 17 — Age: Years — Months: 8 — Days —

Sex: Female — Color or Race: White — Birthplace: Balto, Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charley Fleagle — Father's Birthplace: Europe

Mother's Maiden Name: Agnes Beevo — Mother's Birthplace: Europe

Name of person giving Imformation: Charley Fleagle — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 Wks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. W. B. Northrop M.D.

Address: So. Balto, Md.

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full Carroll Freythe

CERTIFICATE OF DEATH

MARYLAND

Died at Town Bowie County A A

Date of death 1904 Month 7 Day 30

Age Years 10 Months Days 24

Sex Male Color or Race White Birthplace Maryland

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Mark Freythe Father's Birthplace Canada

Mother's Maiden Name Emma Mother's Birthplace Virginia

Name of person giving Information Mark Freythe How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Gastro Enteritis 105 How long 2 weeks

Immediate Heart failure How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. E. Johnson

Address Bowie Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Walter H. Trogwell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A a

Date of death: 1904 — Month: July — Day: 24 — Age: Years — — Months: 1 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Walter Trogwell

Father's Birthplace: Somerset Co.

Mother's Maiden Name: Carrie Elliott

Mother's Birthplace: Accomac Co. Va.

Name of person giving information: Walter Trogwell

How related to deceased: Brother

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: several weeks

Immediate: asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: F. H. Thompson

Address: 193 Church St. Annapolis, Md.

~~Accidental or Suicidal~~

LIBRARY BUREAU A6818

Dr Thompson

Name in Full: Elizabeth McCubbin Franklin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. County

Date of death 1904 — Month: July — Day: 16th — Age: Years: 65 — Months: 1 — Days:

Sex: Female — Color or Race: White — Birthplace: Annapolis

Occupation: None — Where Residing if not at place of death: 46. Franklin St

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: G. E. Franklin — Father's Birthplace: Annapolis

Mother's Maiden Name: Maria Caroline Johnson — Mother's Birthplace: Baltimore

Name of person giving information: Admiral Schley — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 1 week

Immediate: Intestinal Perforation — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. E. Ridout

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Tizzie Glas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: a a

Date of death 1904 — Month: 7 — Day: 20

Age — Years: 1 — Months: 2 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Gio Glas — Father's Birthplace: Md

Mother's Maiden Name: Maggie Hammond — Mother's Birthplace: Md

Name of person giving Information: Gio Glas — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 6 wks

Immediate: Endo Carditis — How long: 5 days

47

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas H Brooke

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A36516

Name in Full Samuel Garner Goldin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: 2° district — County: Anne Arundel

Date of death 1904 — Month: July 26/04 — Day: 26th — Years: Age 20 — Months: 8 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Annapolis Md.

Occupation: —

Where Residing if not at place of death: Woodside Ft. A. Co.,

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Eugene Goldin — Father's Birthplace: Wash. Dc.

Mother's Maiden Name: Jennie Garner — Mother's Birthplace: St Marys Co.

Name of person giving information: Eugene Goldin — How related to deceased: Cousins

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 2 years

Immediate: Exhaustion from inanition — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Clement Claude M.D.

Address: 9 St. Johns St. Annapolis Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Reynold Louis Porter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: 1904 — Month: Oct. — Day: 23 — Age: Years: 2 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Thos. Porter — Father's Birthplace: Annapolis

Mother's Maiden Name: Julia Stevenson — Mother's Birthplace: Annapolis

Name of person giving Information: Thos. Porter — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 10 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. D. Murphy M.D.

Address: Annapolis Md

Accident or Suicide? —

LIBRARY BUREAU A83516

Name in Full: Margaret Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death 1904 — Month: July — Day: 17 — Age — Years: — Months: — Days: 3

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed: — Occupation:

Name of Wife or Husband: —

Father's Name: John Green — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Margaret Berry — Mother's Birthplace: Annapolis

Name of person giving In formation: John Green — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions — How long:

Immediate: " — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Investigated by Health Office

Address: S. Welch

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Thomas K Johnson Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town — County: Anne Arundel

Date of death: 1904 — Month: July — Day: 18th

Age — Years: — Months: 1 — Days: 14

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Thomas Green — Father's Birthplace: Annapolis

Mother's Maiden Name: Adaline Johnson — Mother's Birthplace:

Name of person giving In formation: Mother — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A66616

Name in Full: William Green

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: July — Day: 9th — 1904

Age: Years: — Months: 3 — Days: 8

Sex: Male

Color or Race: Colored

Birthplace: Annapolis

Occupation:

Where Residing if not at place of death: Lincoln Place

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Green

Father's Birthplace: a a Co.

Mother's Maiden Name: Bessie Robinson

Mother's Birthplace: a. a. "

Name of person giving Information: Charles Green

How related to deceased: Father

CAUSES OF DEATH

Primary: Marasmus

How long: Since Birth

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?:

LIBRARY BUREAU A88816

Name in Full: Elizabeth Ellen Greenwell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenock — County: Anne Arundel

Date of death: Month: July — Day: 16 — Years: 72 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Edward Howes — Father's Birthplace: Md.

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving In formation: Joseph Greenwell — How related to deceased: Son

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: Several months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. W. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Thomas Gross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton; County: A. A.

Date of death: 1904 July 6

Age: Years 47; Months —; Days —

Sex: Male

Color or Race: Colored

Birthplace: A. A. Co., Md

Occupation: Oysterman

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife ~~or Husband~~: Sedonia Smith

Father's Name: Tom Gross

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Scott

Mother's Birthplace: Md

Name of person giving Imformation: Jacob Gross

How related to deceased: Brother

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 2 years

Immediate: Pulmonary Oedema — How long: 9 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Smith

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Martha Hacking

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: A. A. Co

Date of death: Month: July; Day: 6; 1904

Age: Years: —; Months: 11; Days: —

Sex: Feamale; Color or Race: Color; Birthplace: A A Co

Occupation: —; Where Residing if not at place of death: A A Co

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: Mary Hacken; Mother's Birthplace: —

Name of person giving In formation: Wm Hacken; How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Entero-Colitis; How long: —

Immediate: Exhaustion; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide? —

105

LIBRARY BUREAU A66016

Name in Full Hamilton

Certificate of Death

Died at Town Hannans County Anne Arundel MARYLAND

Date 19 04 Month July Day 5 — | Age Y. 4 M. D. | Native of Anne Arundel Co Md | ~~Occupation~~

~~Male~~ / Female | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ / Number of children living

~~Husband~~ / Wife of

Father's Name William Hamilton — Mother's Maiden Name Leah Adams

Cause of Death — Primary Ileo-Colitis — Immediate Hamilton

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

105

Reported by C R Thomson

Address Elkridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Name in Full: George Albert Hardesty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 11; Years: 13; Months: 1; Days:

Sex: Male; Color or Race: White; Birthplace: Annapolis

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James F. Hardesty; Father's Birthplace: Annapolis

Mother's Maiden Name: Laura Mitchell; Mother's Birthplace: Annapolis

Name of person giving Information: Laura Mitchell; How related to deceased: Mother

CAUSES OF DEATH

Primary: Tuberculosis; How long: 6 or 7 years

Immediate: Exhaustion; How long: several months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. S. Hepburn

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mayony Hardy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millhouse — County: Anne Arundel

Date of death: 1904 — Month: July — Day: 17 — Age: Years: 1 — Months: 4 — Days:

Sex: Female — Color or Race: Black — Birthplace: Anne Arundel Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Dennis Hardy — Father's Birthplace: Anne Arundel Co

Mother's Maiden Name: Estelle Warren — Mother's Birthplace: Anne Arundel Co

Name of person giving Imformation: Dennis Hardy — How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: One Week

Immediate: Convulsions — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E R Henderson

Address: Elkridge Md

Accident or Suicide:

LIBRARY BUREAU A88618

Name in Full: George Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: July — Day: 17 — Age: Years 33 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: Seaman — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

176

CAUSES OF DEATH

Primary: Gunshot wound — How long: 4 hours

Immediate: Shock & Internal Hemorrhage — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles G. Feldmeyer

Address: Acting Coroner

Accident or Suicide? Homicide

LIBRARY BUREAU A66616

Name in Full: Gertrude Agusta Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: A. A. Co.

Date of death 1904: Month: July; Day: 15

Age: Years: —; Months: 9; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: Annapolis

Married, Single or Widowed: —

Name of Wife or Husband: Nellie Harris

Father's Name: Howard Harris

Father's Birthplace: Annapolis

Mother's Maiden Name: Nellie Thompson

Mother's Birthplace: Annapolis

Name of person giving information: 105

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: Six days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: Martha Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Woodwardville — County: Anne Arundel — MARYLAND

Date of death: 1904 — Month: 7 — Day: 27 — Age: Years 43 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Woodwardville

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Daniel Hawkins

Father's Name: John Taylor — Father's Birthplace: Woodwardville

Mother's Maiden Name: Martha Brown — Mother's Birthplace: Woodwardville

Name of person giving information: Daniel Hawkins — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of the heart — How long: about 20 years

Immediate: Suffocation — How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J W Dr Bois

Address: Gamfills Md

Accident or Suicide? Accident

LIBRARY BUREAU A88818

Name in Full: Victoria Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Harmans — County: A A Co

Date of death 190 — Month: 7 — Day: 24

Age — Years: 9 — Months: 4 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Neme: Basil Hawkins — Father's Birthplace: Maryland

Mother's Maiden Name: Julia Adams — Mother's Birthplace: Md

Name of person giving In formetion: Basil Hawkins — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: three weeks

Immediate: — How long:

Are the name, ege, sex, color, date and place correctly given ebove? Yes

Signature of Physician: Dr H Tongue

Address: Elkridge Md

Accident or Sulcide?

LIBRARY BUREAU

Name in Full: Owen Mazzard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galloway — County: Aa

Date of death: 1904 — Month: July — Day: 20 — Age: Years: 20 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Galloway Md

Occupation: Sailor — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Frank Mazzard — Father's Birthplace: Galloway Md

Mother's Maiden Name: Jennie Joyce — Mother's Birthplace: Mayo Md

Name of person giving information: Lee Talbott — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Wound from pistol ball — How long: 3 days

Immediate: Internal haemorrhage - lung — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis W Palmer MD

Address: West River

Accident or Suicide? Accident

LIBRARY BUREAU A66516

Name in Full: Nancy Sheborn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy Point | County: Ant

Date of death 1905: Month: July | Day: 4th

Age: Years: 7 | Months | Days

Sex: Female | Color or Race: Colored | Birthplace: Ants Co

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name: Edward Sheborn | Father's Birthplace: Ants Co

Mother's Maiden Name: Eliza Saunders | Mother's Birthplace: Ants Co

Name of person giving Information: Mother | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum | How long

Immediate: Exhaustion | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Adams

Address: Undertaker Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Elizabeth Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis County: Anne Arundel

Date of death: Month: July Day: 29. 1904

Age: Years — Months: 1 Days: 21

Sex: Female Color or Race: White Birthplace: Annapolis Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Holland Father's Birthplace: Annapolis

Mother's Maiden Name: Lydia V. Thomas Mother's Birthplace: Annapolis

Name of person giving information: Joseph Holland How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis 105 How long: 3 weeks

Immediate: Marasmus How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Mantz

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emily Grace Hollidayoke

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Port — County: A A County

Date of death 1904: Month: July — Day: monday — Age: Years — Months: 6 — Days:

Sex: Girl — Color or Race: White — Birthplace: East-port

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Jno Hollidayoke — Father's Birthplace: Annapolis

Mother's Maiden Name: Sara Shipley Hollidayoke — Mother's Birthplace: Annapolis

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

185

CAUSES OF DEATH

Primary: Cholra Infantum — How long: 4 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66310

Name in Full

Certificate of Death

Charles David Howard

Town: Marley County: Anne Arundel MARYLAND

Died at

Date 1904 Month: July	Day: 24	Age: Y. 8 M. D.	Nativa of: Md	Occupation: ———

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name, David Henry Howard

Mother's Maiden Name Ada P. Dilly

Cause of Death: Primary — Diarrhoea

Immediate — Pneumonia

How long sick: 10 d

Accident, Suicide, Homicide

Reported by G. H. Crane M D

Address Armigers d a, Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full: Thomas S Iglehart

CERTIFICATE OF DEATH

MARYLAND

Died at: 1st Town: District — County: Anne Arundel

Date of death: Month: July — Day: 23rd — 1904

Age: Years: 84 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: Farmer — Where Residing if not at place of death: 1st District A. A. Co.

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Ella Walch

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long

Immediate: Valvular disease of Heart — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. R. Davidson, M.D.

Address: Davidsonville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: James

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Baltimore — County: Co

Date of death 190 4 — Month: 7 — Day: 28 — Age: Years: — Months: 5 — Days:

Sex: Male — Color or Race: Col — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jackson Anderson — Father's Birthplace: N C

Mother's Maiden Name: Ola Summers — Mother's Birthplace: N C

Name of person giving Imformation: Jackson Anderson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 105

Immediate: Meningitis — How long: 36 h

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. L. Brooke

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Benjamin Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenwood No. 2 | County: Howard

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1907 | Month: July | Day: 22 | Age: Years 62 | Months 6 | Days 6

Sex: Male | Color or Race: Color | Birthplace: Md

Occupation: Farmer | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband:

Father's Name: Jerry Johnson | Father's Birthplace: Md

Mother's Maiden Name: Rachel Watkins | Mother's Birthplace: Md

Name of person giving In formation: Joseph Collins | How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown | How long:

Immediate: Unknown | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of~~ Physician: W. H. Morris, Jr. M.D.

Address: Sub Register West Friend

~~Accident or Suicide~~? Neither

LIBRARY BUREAU A83213

Name in Full: George Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williams; County: Anne Arundel

Date of death: 1904 July 19

Age: Years: 7; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: Anne Arundel Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: George Johnson

Father's Birthplace: Prince Frng Co

Mother's Maiden Name: Clara Good

Mother's Birthplace: Anne Arundel Co

Name of person giving information: James Bond 105

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleo Colitis

How long: 4 Weeks

Immediate: Inanition

How long: one Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C R Anderson

Address: Eldridge Maryland

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Stella V. Jules

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: Anne Arundel

Date of death 1904 — Month: 7 — Day: 31 — Age — Years: 2 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: K. F. Jules — Father's Birthplace: Md.

Mother's Maiden Name: Nannie S. Jordan — Mother's Birthplace: Va.

Name of person giving Imformation: — How related to deceased:

106

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 1 wk

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. H. Brooke

Address: Brooklyn

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Gertrude Keys

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Brooklyn (County) A. A

Date of death 1904 (Month) 7 (Day) 1

Age (Years) (Months) (Days)

Sex Female

Color or Race White

Birthplace Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Edward P Keys

Father's Name Wm A. Merrill

Father's Birthplace Md

Mother's Maiden Name Martha L

Mother's Birthplace Md

Name of person giving In formation Edward P Keys

How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Phthysis Pulmonalis

How long 11 mos

Immediate Asthenia

How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. T. Robertson

Address Brooklyn

Accident or Suicide? No

LIBRARY BUREAU A6331S

Name in Full: Mary E. King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Davidsonville; County: A. A.

Date of death 190 4 — Month: July; Day: 14; Age — Years: —; Months: 9; Days: —

Sex: Female; Color or Race: White; Birthplace: Davidsonville

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~; ~~Name of Wife or~~ Husband: —

Father's Name: Henry King; Father's Birthplace: —

Mother's Maiden Name: Mittie Bassett; Mother's Birthplace: —

Name of person giving In formation: Henry King; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis; How long: —

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Davidson

Address: Davidsonville S. River Md.

Accident or Suicide?

LIBRARY BUREAU A&B616

Name in Full: William Henry Lamb

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Germantown — County: A. A. Co.

Date of death 1904 — Month: July — Day: 19 — Years of Age: — Months: 7 — Days: 17

Sex: male — Color or Race: white — Birthplace:

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm E. Lamb — Father's Birthplace: Annapolis

Mother's Maiden Name: Carrie Burke — Mother's Birthplace: A. A. Co.

Name of person giving Information: Carrie B Lamb — How related to deceased: mother

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholra Infantum — How long: 4 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Fred Lane

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Annapolis — Town: — County: Ant

Date of death: 1904 — Month: July — Day: 4th

Age: Years: — Months: 1 — Days: 14

Sex: Male — Color or Race: Col — Birthplace: Ant Co

Occupation: — Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: J. W. Lane — Father's Birthplace: Ant Co.

Mother's Maiden Name: S. J. Hepson — Mother's Birthplace: " " "

Name of person giving Imformation: Father — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since Birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A69516

Name in Full: Raymond Lane

CERTIFICATE OF DEATH

Died at — Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: 1904 — Month: July — Day: 1st

Age — Years: 5 — Months: 2 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: J. W. Lane — Father's Birthplace: Md

Mother's Maiden Name: L. J. Clemmons — Mother's Birthplace: Md

Name of person giving information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Since birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie R. League

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: West Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 10; Year: 1904

Age: Years: 21; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Annapolis

Occupation: House Wife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Wm. League

Father's Name: John Fowler

Father's Birthplace: Annapolis

Mother's Maiden Name: Annie Medford

Mother's Birthplace: Annapolis

Name of person giving information: John Fowler

How related to deceased: Father

3

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Child birth — How long: —

Immediate: Septicaemia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A68814

Name in Full: Nora Irvine Leagne

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: West Annapolis — Town

County: Anne Arundel

Date of death 1904: Month: July — Day: 25th

Age: Years — Months — Days: 14

Sex: Female — Color or Race: White — Birthplace: West Annapolis

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: William Leagne — Father's Birthplace: Ann-Apolis

Mother's Maiden Name: Annie McFeeche — Mother's Birthplace: Annapolis

Name of person giving Information: Olivia Leagne — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 10 Days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm S Welch

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full Mary Adelle Little

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Annapolis		County: A.A.		
Date of death 190	Month: July	Day: 16th	**Age** Years	Months	Days: 16 days
Sex: Female	Color or Race: Colored		Birthplace: Annapolis		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name: Walter Little			Father's Birthplace: A.A. Co.		
Mother's Maiden Name: Mary A. Gaall			Mother's Birthplace: A.A. Co.		
Name of person giving Information: Mother			How related to deceased: 5		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus	How long: Since Birth
Immediate: Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: John Ridout M.D.
Accident or Suicide?	Address: Annapolis Md

LIBRARY BUREAU A88816

Name in Full: William H. Lucas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Galesville; County: Anne Arundel

Date of death 1904: Month: July; Day: 22nd; Age: Years: 79; Months; Days

Sex: male; Color or Race: white; Birthplace: Virginia

Occupation: Sailor; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband: Artridge Lucas

Father's Name: Thomas Lucas; Father's Birthplace: Virginia

Mother's Maiden Name: 79; Mother's Birthplace:

Name of person giving information: Emma A Lucas; How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency; How long: Years

Immediate: " Failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E W Bateman M D

Address: West River Md

Accident or Suicide? Neither

LIBRARY BUREAU A88616

Name in Full: Kenneth L. McLeod

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Annapolis (County): A. A.

Date of death: Month: July. Day: 25 1904 Age: Years — Months: 6 Days: 21

Sex: Male Color or Race: White Birthplace: Pittsburg Pa

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Kenneth McLeod Father's Birthplace: Scotland

Mother's Maiden Name: Annie Crate Mother's Birthplace: Brookville Pa

Name of person giving Information: Annie Crate How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus How long: Three days

Immediate: Pneumonia How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Wells.

Address: Annapolis Md.

Accident or Suicide? —

LIBRARY BUREAU A33516

Name in Full

Certificate of Death

Milly Manns

Died at Town: Eaton County: Anne Arundel Co MARYLAND

Date 1924 Month: July Day: 19 | Age Y. 90 M. D. | Native of Md | Occupation Housework

~~Male~~ Female | ~~White~~ Colored | Married Single | Widow ~~Widower~~ | Divorced

Number of children living 5

~~Husband~~ of Wife William Manns

Father's Name not known

Mother's Maiden Name not known

Cause of Death: Primary old age — How long sick 6 months

Immediate — Accident, Suicide, Homicide

154

Reported by James Hall

Address Fremont A. A. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70002

Name in Full: [redacted] Amos Sylvester Earl Massey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 27; Years: Age 0; Months: 0; Days: 8

Sex: Male; Color or Race: White; Birthplace: Annapolis

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Massey; Father's Birthplace: Virginia

Mother's Maiden Name: Nora Perkins; Mother's Birthplace: Virginia

Name of person giving information: Mrs. Dora Mattson; How related to deceased: grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Trismus Nascentium; How long: 2 days

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B. Clement Claude M.D.

Address: 98 St. John Street, Annapolis, Md.

Accident or Suicide? —

LIBRARY BUREAU A68616

Name in Full: Hearn Matthews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County: Ant

Date of death 1904 — Month: July — Day: 16th

Age — Years: 4 — Months: 4 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Fred Matthews — Father's Birthplace: A, A, Co

Mother's Maiden Name: Maggie Matthews — Mother's Birthplace: A A Co

Name of person giving In formation: Father — How related to deceased:

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro-Enteritis — How long: Six Days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A&P510

Name in Full: Sarah Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: July — Day: 12 — Year: 1904

Age — Years: 41 — Months: — Days:

Sex: Female — Color or Race: Colored — Birthplace: U.S.A. Co.

Occupation: housework — Where Residing if not at place of death: 54 Cleveland St.

Married / Widowed: widow — Name of Wife or Husband: Peter Matthews

Father's Name: James Young — Father's Birthplace: U.S.A.

Mother's Maiden Name: Unknown — Mother's Birthplace:

Name of person giving Information: Wm Matthews — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Anevrism — How long: I don't know

Immediate: Rupture — How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: F. H. Thompson M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Harry Parkinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: West Annapolis; County: A. A. Co.

Date of death: Month: July; Day: 18; 1904

Age: Years: 35; Months; Days

Sex: Male

Color or Race: White

Birthplace

Occupation

Where Residing if not at place of death: Annapolis

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace

Mother's Maiden Name: —

Mother's Birthplace

Name of person giving In formation: Jos Meekins

How related to deceased

159

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suicide by shooting

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of: John N Davis Coroner

Address: Annapolis Md

~~Accident~~ or Suicide?

LIBRARY BUREAU A88818

Name in Full: William T Phelps

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: July; Day: 23; Age: Years: 28; Months: 7; Days:

Sex: Male; Color or Race: Colored; Birthplace: Annapolis

Occupation: Laborer; Where Residing if not at place of death: 43 Cathedral

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William T Phelps; Father's Birthplace: Md Co.

Mother's Maiden Name: Sarah Lewis; Mother's Birthplace: A'a Co'

Name of person giving Information: Hattie Talbert; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 6 Months

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU AB8816

Name in Full: Eugenia V. Pointer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A.

Date of death — Month: July — Day: 3 — 1904

Age — Years: — Months: 5 — Days: 12

Sex: Female — Color or Race: Colored — Birthplace: Annapolis

Occupation: —

Where Residing if not at place of death: Pleasant St.

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Pointer — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Agnes ~~Gibbons~~ Allen — Mother's Birthplace: A. A. Co.

Name of person giving information: Mary Cook — How related to deceased: Friend Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething — How long: 4 days

Immediate: Cholera Infantum — How long: " "

1057

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William Bixby M.D.

Address: 74 Church Circle Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Kathegrine Pool

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waterbury — County: A. A —

Date of death 1904: Month: July — Day: 4 — Age: Years: 2 — Months: ~~10~~ 3 — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Pool — Father's Birthplace: N. Carolina

Mother's Maiden Name: Sarah Johnson — Mother's Birthplace: Md

Name of person giving Imformation: Henry Pool — How related to deceased: Father

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H B Grant

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Joseph Dice Purdy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. Co.

Date of death 1904 — Month: July — Day: 14 — Age — Years: — Months: 3 mo. — Days: —

Sex: Male — Color or Race: White — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: " "

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Dice Purdy — Father's Birthplace: S. River

Mother's Maiden Name: Mary E. Ford — Mother's Birthplace:

Name of person giving Information: " " " — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dio-Colitis — How long: 5 wks.

Immediate: Exhaustion — How long: "

105

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. S. Hepburn M.D.

Address: Annapolis Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ASSOC

Name in Full: Anne Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: July; Day: 25th; Year: 1904; Age: 78 Years; Months; Days

Sex: Female; Color or Race: Col; Birthplace: Prince Geo Co

Occupation: Washwoman; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Samuel Queen

Father's Name: Andrew Johnson; Father's Birthplace: Prince Geo Co

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Hattie Johnson; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy 64 ✓; How long: Sixty Six hrs

Immediate: Heart Failure; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno Ridout MD

Address: Annapolis

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Redmond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death 1904: Month: July; Day: 31; Years: Age 76; Months: 11; Days: 27

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: Tailor; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: Robert Redmond; Father's Birthplace: Ireland

Mother's Maiden Name: Millie McKay; Mother's Birthplace: Ireland

Name of person giving Information: Chas Ludeaton; How related to deceased: Son in Law

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Breaking Down of Vital Forces Old age

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno Wells M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A28816

Name in Full: Harriett Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Rutledge (Town) A A. (County)

Date of death: 1904 July 4

Age: Years 45 — Months — Days —

Sex: Female

Color or Race: White

Birthplace: A.A. Co Md

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband:

Father's Name: Wm Henry Rogers

Father's Birthplace: Md

Mother's Maiden Name: Kitty Hood

Mother's Birthplace: Md

Name of person giving Imformation: H.C. Rogers

How related to deceased: Bro.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Tuberculosis — How long: one year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. T. Stuck

Address: Churchton,

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

Name in Full: Virgil L. Rogers Jr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Veale County: A.A.

Date of death: Month: July Day: 17 1904

Age: Years: 1 Months: Days: 7

Sex: Male Color or Race: White Birthplace: Veale, Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Virgil L. Rogers Father's Birthplace: Md

Mother's Maiden Name: Alice Rogers Mother's Birthplace: Md

Name of person giving Imformation: Alex Rogers How related to deceased: Uncle

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enterocolitis How long: 7 days

Immediate: Convulsions How long: 2 hours

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Geo. T. Frush

Address: Churchton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Carl Rosenwald

CERTIFICATE OF DEATH

MARYLAND

Died at: East Brooklyn (Town) — a (County) a

Date of death 1904: Month 7, Day 9

Age: Years 1, Months 6, Days —

Sex: Male

Color or Race: White

Birthplace: Carl Brooklyn

Occupation: Infant

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Joe Rosenwald

Father's Birthplace: Polland

Mother's Maiden Name: Morgent?

Mother's Birthplace: Polland.

Name of person giving Information: Father

How related to deceased: Father

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Cholera Infantum

How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. B. Lehman

Address: Brooklyn Md

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Laura V. Sands

CERTIFICATE OF DEATH

MARYLAND

Town: Annapolis | County:

TO BE ANSWERED BY NEAREST FRIEND

Died at

Date of death: 1904 | Month: July | Day: 2 | Age: Years 75 | Months | Days

Sex: Female | Color or Race: White | Birthplace: Annapolis

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: Thomas Sands | Father's Birthplace: Annapolis

Mother's Maiden Name: Sarah Whittington | Mother's Birthplace: Annapolis

Name of person giving Information: Mrs Julia Clason | How related to deceased: sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach | How long: 6 months

Immediate: Hemorrhage | How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis

~~Accident or Suicide~~?

LIBRARY BUREAU A65518

Name in Full: Ruth Olliver Schofield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brooklyn — County: Anne Arundel

Date of death 1904 — Month: 7 — Day: 17 — Age — Years: — Months: 6 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jas W. Schofield — Father's Birthplace: Md

Mother's Maiden Name: Annie B. Bullock — Mother's Birthplace: Md

Name of person giving Information: Jno Harrold — How related to deceased: None

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 1 wk

Immediate: Meningitis — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Chas W. Brooke

Accident or Suicide?

LIBRARY BUREAU A45516

Name in Full: Camilla Helen Scrivner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tracey's Landing; County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: July; Day: 19; 1904

Age: Years: 0; Months: 4; Days: 8

Sex: Female

Color or Race: White

Birthplace: A. A. Co. Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Frederick W. Scrivner

Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Annie Vaughan

Mother's Birthplace: North Carolina

Name of person giving In formation: Sarah Vaughan

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 2 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: The Kendrick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Helen H Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death 190 4 — Month: July — Day: 12

Age — Years: — Months: 10 — Days:

Sex: Female — Color or Race: Col — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Solomon P. Thomas — Father's Birthplace: Annapolis

Mother's Maiden Name: Ella Kimber — Mother's Birthplace: Annapolis

Name of person giving information: Ella Kimber — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition — How long:

Immediate: Meningitis — How long: Four days

Are the name, age, sex, color, date and place correctly given above? per

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: Mrs Isabella Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brooklyn — County: a a

Date of death 1904 — Month: 7 — Day: 10 — Years: Age 71 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: E. Thomas — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dysentery — How long: 1 week

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F Brooks

Address: Brooklyn

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mary Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Glen Burnie — Town: [illegible] — County: A A

Date of death: 1904 — Month: July — Day: 13 — Age: 32 Years — Months: — — Days: —

Sex: female — Color or Race: African — Birthplace: A A Co

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Tobe Thomas

Father's Name: John Hamlin — Father's Birthplace: A A Co

Mother's Maiden Name: Julia — — Mother's Birthplace: A A —

Name of person giving Information: Tobe Thomas — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 4 months

Immediate: Heart Failure — How long: 1½ hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H L Bratchan

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Winfield Thomas —

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williams — County: A A

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 190 4 — Month: July — Day: 3rd — Age: Years: — Months: 7 — Days:

Sex: male — Color or Race: Mulatto — Birthplace: A A Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Jake Thomas — Father's Birthplace: A A Co

Mother's Maiden Name: Mary Hawkins — Mother's Birthplace: A A Co

Name of person giving Information: Lee Thomas — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 3 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. H. Brayshaw

Address: Solomons Md

Acid[illegible]

LIBRARY BUREAU A68518

Name in Full: Gertrude O. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchton; County: A. A.

Date of death: Month: 7; Day: 18; 1904

Age: Years: 2; Months: 2; Days:

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Thompson

Father's Birthplace: Maryland

Mother's Maiden Name: Bessie Thompson

Mother's Birthplace: Maryland

Name of person giving Information: Marshall Thompson

How related to deceased: Uncle

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 Weeks

Immediate: Marasmus — How long: 3 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. C B Boyd

Address: Shady Side Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Mary Turner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anderal

Date of death: Month: July; Day: 2; 1904

Age: Years: 46; Months: ; Days:

Sex: female

Color or Race: Colard

Birthplace: Annapolis Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Turner

Father's Birthplace: Annapolis Md

Mother's Maiden Name: Mary Hall

Mother's Birthplace: Baltimore Md

Name of person giving information: Jany Hall

How related to deceased: Colored person & aunt

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanition

How long:

Immediate: Asthenia

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout MD

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A88816

Name in Full: Marion Frazier Vanaman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: East Port — County: Anne Arundel — MARYLAND

Date of death 1904 — Month: July — Day: 18 — Age: Years: — Months: 5 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Asbury Park New Jersey

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John W. Vanaman — Father's Birthplace: New Brunswick New Jersey

Mother's Maiden Name: Grace Frazier 105 — Mother's Birthplace: Sejourney Towa

Name of person giving Information: John W Vanaman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Enteritis — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. J. Murphy Jr. M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Thomas Wade

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Benfield — County: Anne Arundel

Date of death: 1904 — Month: July — Day: 20

Age: Years: 83 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Stallings

Father's Name: Not known — Father's Birthplace: Not known

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving Imformation: Lee Stone — How related to deceased: None

69

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epidemy — How long: 20 Yrs—

Immediate: Suffocation — How long: one Hr—

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. B. Gantt M.D.

Address: Millersville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Walter Walden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glen Burnie — County: AA

Date of death	Month	Day	Years	Months	Days
1904	July	22	Age	5	

Sex: male — Color or Race: mulatto — Birthplace: A A Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Adolph Walden — Father's Birthplace: Germany

Mother's Maiden Name: Bertha Bronkert — Mother's Birthplace: [illegible]

Name of person giving information: Adolph Walden — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: One week

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas A Smyth Jr

Address: Glen Burnie

Accident or Suicide? —

LIBRARY BUREAU A88616

Name in Full

Certificate of Death

Raymond Edward Wallis

near Town: Woodwardville County: Anne Arundel MARYLAND

Died ~~in~~ 1904 Month: July Day: 8th

Date ~~Died~~

Age Y. 2 M. 14 D.

Native of Md

Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name: Benjamin Wallis

Mother's Name: Virginia Wallis

Cause of Death — Primary: 105

How long sick

Immediate: Cholera Infantum

Accident, Suicide, Homicide

Reported by: Dan'l H. Anderson M.D

Address: Woodwardville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6F069

Name in Full: Mary Weis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ~~Annapolis~~ — County: Anne Arundel

Date of death 1904 — Month: July — Day: 17

Age — Years: — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Annapolis

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas. Weis — Father's Birthplace: Brooklyn N.Y.

Mother's Maiden Name: Mary Mey — Mother's Birthplace: Germany?

Name of person giving Information: Mary Mey. — How related to deceased: Mother

105

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 24 hours

Immediate: Eclampsia — How long: Short time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Mc. Thompson M.D.

Address: 193 Church St. Annapolis Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A30516

Name in Full: Allan Wolfington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bridgeville — County: A. A.

Date of death: Month: July — Day: 5 — 1904

Age: Years — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

105-a

Father's Name: Unknown — Father's Birthplace:

Mother's Maiden Name: Annie Wolfington — Mother's Birthplace: Md

Name of person giving Imformation: John Wolfington — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea — How long: 3 Wks

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Gantt

Address: Millsboro

Accident or Suicide?

LIBRARY BUREAU A68518

Name in Full: Viola Wallis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tracys Landing; County: Anne Arundel

Date of death: Month: July; Day: 25; 1904

Age: Years: 11; Months: ; Days:

Sex: Female

Color or Race: Black

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Wallis

Father's Birthplace: Md.

Mother's Maiden Name: Sharp

Mother's Birthplace: Md.

Name of person giving Information: James Wallis

How related to deceased: Brother

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: Several years

Immediate:

How long:

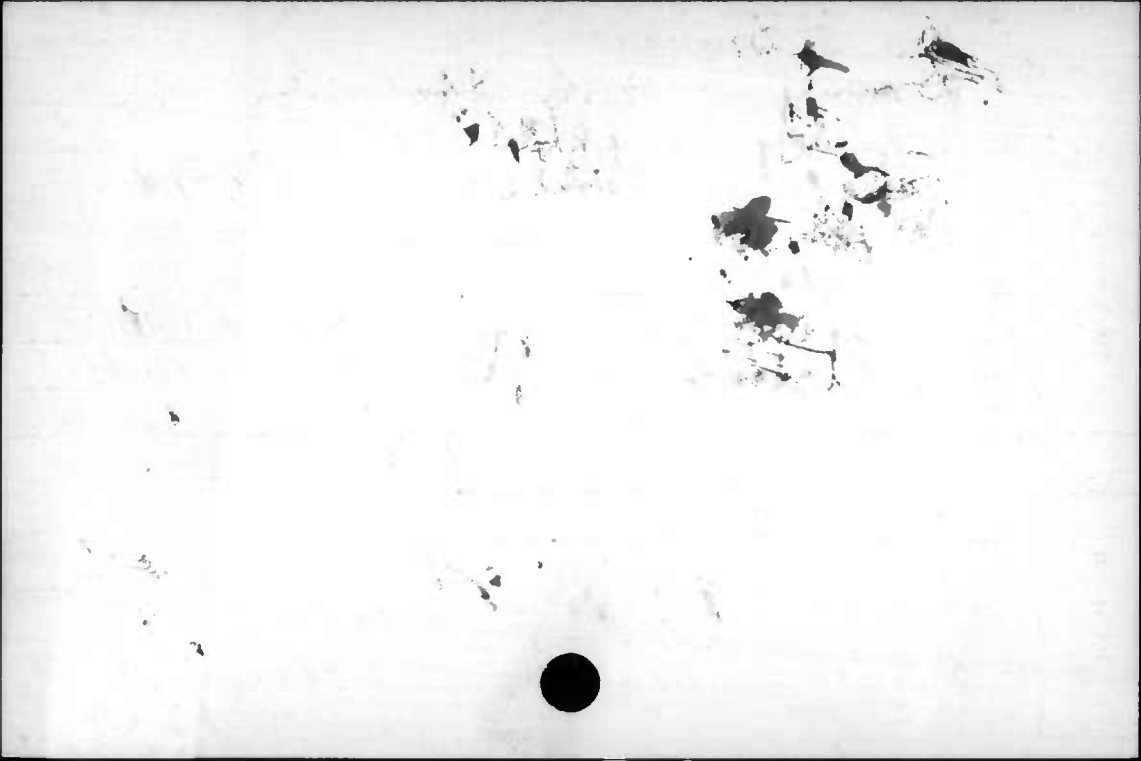
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. N. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A69316



Name in Full: John Leroy Wayson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jewells; County: Anne Arundel

Date of death: Month: July; Day: 20; Year: 1904

Age: Years: 2; Months: 5; Days: 16

Sex: Male; Color or Race: White; Birthplace: A. A. Co. Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Roland Wayson; Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Ida Ward; Mother's Birthplace: Md.

Name of person giving Information: Roland Wayson; How related to deceased: Father

116

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Peritonitis; How long: 3 days

Immediate: ; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Eliza Wells

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Friendship; County: Anne Arundel

Date of death 1904: Month: July; Day: 7

Age: Years: 72; Months; Days

Sex: Female

Color or Race: White

Birthplace: A. A. Co

Occupation: Housewife

Whera Residing if not at place of death

Married, Singla or Widowed: Widow

Name of Wife or Husband: Thos Wells

Father's Name: Jos Ward

Father's Birthplace: A. A. Co.

Mother's Maiden Name: Griffith Ward

Mother's Birthplace: Md

Name of person giving In formation: Robt Wood

How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury due to a fall

How long: Two weeks

Immediate: Exhaustion and Heart Failure

How long: Eight hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Lena Wilkinson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Friendship — County: A. A.

Date of death 190 4 — Month: July — Day: 29 — Age — Years — Months: 4 — Days

Sex: Female — Color or Rate: Colored — Birthplace: Friendship

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexander Wilkinson — Father's Birthplace: Friendship

Mother's Maiden Name: Malvina McCall — Mother's Birthplace: Calvert Co

Name of person giving information: Alex Wilkinson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmas — How long

Immediate: Exhaustion — How long: Ten days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship

M D

Accident or Suicide?

LIBRARY BUREAU ABU316

Name in Full Walter Williams

Certificate of Death

Town Annigeris County Anne Arundel MARYLAND

Died at

Date 1904 Month July Day 17 | Age Y. 5 M. D. | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Roger Williams Mother's Maiden Name Grace Benjamin

Cause of Death: Primary Diarrhoea 105 | How long sick 4 days

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Geo. H. Crane M.D.

Address Annigeris Anne Arundel Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898